

2014

## Family Treatment Drug Courts: A Perspective From Lewiston, Maine

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### Recommended Citation

Beliveau, John B. and Ryan, Aisling (2014) "Family Treatment Drug Courts: A Perspective From Lewiston, Maine," *Criminal Law Practitioner*. Vol. 2 : Iss. 1 , Article 12.

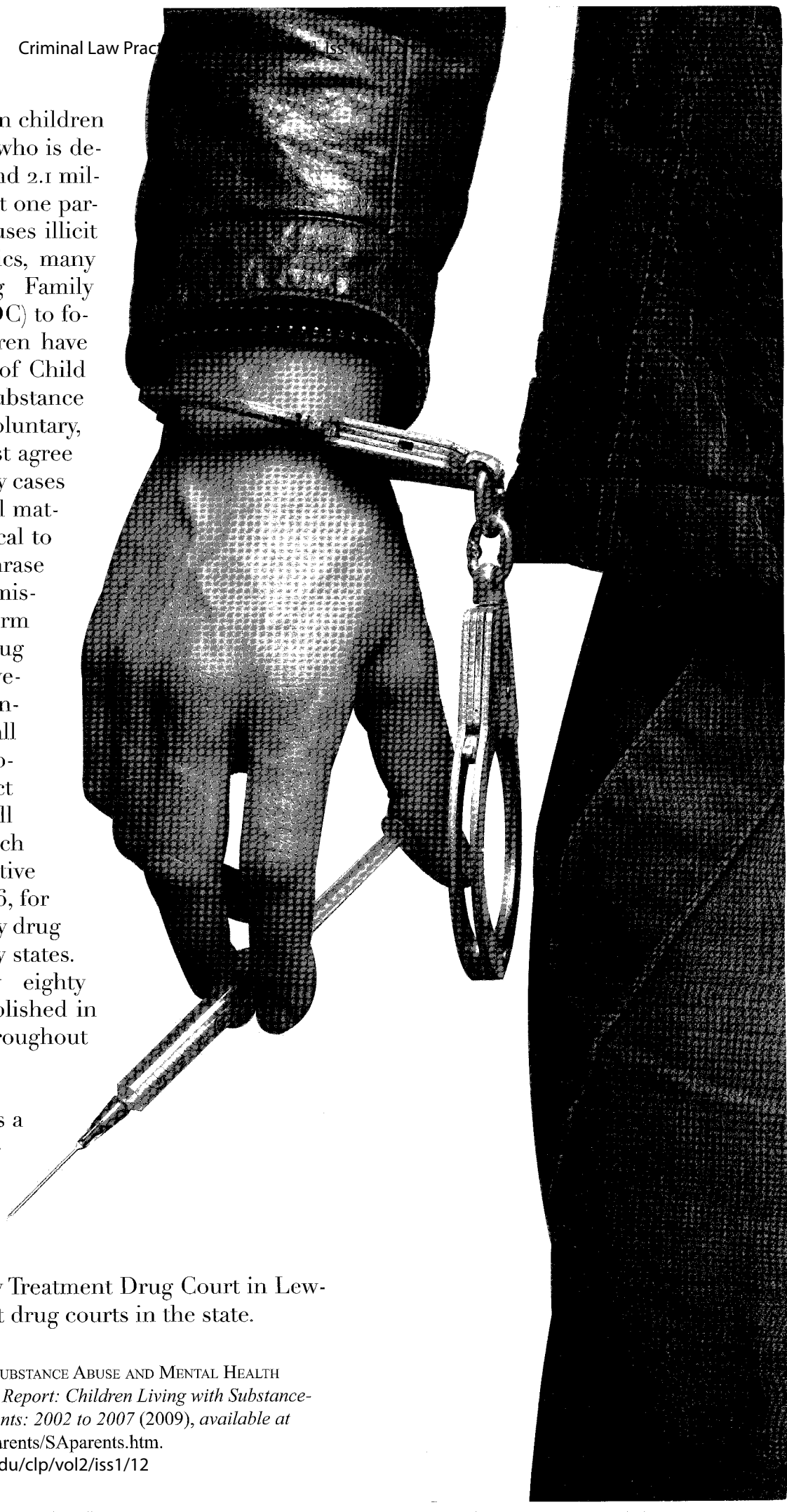
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# FAMILY TREATMENT DRUG COURTS: A PERSPECTIVE FROM LEWISTON, MAINE

BY JUDGE JOHN B. BELIVEAU AND AISLING RYAN

Eight million American children live with at least one parent who is dependent or abuses alcohol and 2.1 million children live with at least one parent who is dependent or abuses illicit drugs.<sup>1</sup> Given these statistics, many states began implementing Family Treatment Drug Courts (FTDC) to focus on parents whose children have been placed in the custody of Child Protective Services due to substance abuse. Most programs are voluntary, meaning that the parent must agree to participate. All dependency cases are civil, rather than criminal matters. This distinction is critical to understand. The generic phrase “drug courts” is sometimes misunderstood because the term applies to several types of drug courts (i.e. criminal adult; juvenile; co-occurring; and mental health courts). Though all courts focus on drug and alcohol abuse, they have distinct remedies and goals. To date, all states have implemented such programs in their respective state courts. As early as 2006, for example, there were 191 family drug courts in operation in all fifty states. Since then, approximately eighty more courts have been established in other states and counties throughout the United States.



This editorial provides a brief overview of the implementation and success of Family Treatment Drug Courts in Maine. Specifically, it will focus on the procedures of the Family Treatment Drug Court in Lewiston, Maine – one of the first drug courts in the state.

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<sup>1</sup> OFFICE OF APPLIED STUDIES, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, *The NSDUH Report: Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 2007* (2009), available at <http://www.samhsa.gov/data/2k9/SAParents/SAParents.htm>.  
<https://digitalcommons.wcl.american.edu/clp/vol2/iss1/12>



The Family Treatment Drug Court in Lewiston, Maine serves a population of approximately 110,000 local residents. Demographics of the participants are mostly young, single mothers who have been addicted for a long period of time. The objective of Lewiston's FTDC is to effectively attack parental substance abuse issues in order to reunify children with their parents in the shortest time period possible. This is achieved by establishing a treatment plan that can be monitored weekly with additional in-court group sessions twice per month. The treatment plan is created and administered by the drug court team, which is comprised of professional addiction counselors and a full time case manager. The Lewiston FTDC team consists of the following individuals: a drug counselor from the local mental health agency; a Department of Human Services case worker; the case manager; the presiding judge; a parent attorney; and a representative of the local hospital behavioral medicine department.<sup>2</sup>

### I. Summary of Lewiston's FTDC Procedures

All court-filed cases involving child dependency are screened for substance abuse by the judge, child protective caseworker, and the court clerk. If there are allegations of substance abuse, the parent is referred by court order to a drug court information session with the FTDC case manager. The court cannot mandate participation in the program. Should the parent volunteer to participate, he or she signs an agreement, in court and on the record, to voluntarily participate in the FTDC. Additionally, the parent must sign all relevant releases of treatment information that can be obtained by the drug court team.

Upon entry into the program, the parent is immediately assessed and evaluated by a professional addiction licensed specialist. Subsequently, the team reviews the assessment and decides whether to accept the parent. A parent may be excluded due to clinical or legal criteria, such as serious chronic mental health diagnoses or serious criminal convictions. If accepted, the case manager develops a treatment plan for the parent. Plans vary according to the degree of addiction and the choice of substances. Currently, the program accepts those parents who are being treated with buprenorphine (Suboxone or Subutex). This, however, is a controversial policy. Some FTDC programs do not accept parents who have been prescribed these drugs and feel that the goal is complete sobriety. Furthermore, Maine has legalized use of marijuana for medical treatment purposes. Even though a parent has a medical certificate, that parent must abstain from use if he or she wishes to participate in the FTDC program.

There are three phases or steps to reach graduation, with graduation being the ultimate goal of all FTDC clients. The program lasts anywhere from twelve to eighteen months and each phase lasts around three to six months. Lewiston's FTDC provides a unique opportunity for clients to participate in "wrap around" services recommended by the team. In addition to treatment, the team attempts to attack collateral issues that arise in individual cases. Common collateral issues include: housing, education, parenting education, mental illness, employment, and dental health (cocaine addiction side effects), among others. Co-dependency raises its ugly head on a consistent basis. Certain parents are or have been subjected to the "circle of domestic violence" and have a difficult time to cutting off unhealthy relationships. This has been a difficult problem for many clients in the program.

<sup>2</sup> The hospital administers a detox and intensive outpatient program for the members of the FTDC and others in the community.



The ultimate goal of parents in the program is to successfully complete all requirements of the program and officially “graduate.” Some requirements include, but are not limited to, six consecutive months of negative testing, an obtained GED or high school diploma or another education program approved by the team, housing, employment, and appropriate child care. The fact of graduation is admissible in any future dependency proceeding pertaining to the parent. Conversely, any dismissal is also admissible as evidence in the parents’ dependency case.

In 2007, Lewiston’s FTDC was the most productive of Maine’s FTDC programs, processing more than sixty percent of referrals, in addition to having the highest retention and completion rate in the state based on the results of those evaluations.<sup>3</sup> In terms of case-to-court closure, Lewiston’s FTDC clients had their cases closed in less time than clients who did not participate in the FTDC. Most importantly, however, this meant that children spent significantly less time in foster care, and a permanency plan was established faster for families who participated in the FTDC. Clients who graduated from the program were more likely to regain custody of their children.

Despite the success of the Lewiston Family Treatment Drug Court, only 18.8% of

clients have graduated the program, and most of the dismissals occurred in the first phase of the program (35.7%), while 26.2% of clients were dismissed in Phase 2, and 14.3% of clients were dismissed in Phase 3.

## II. Key Components of Lewiston’s FTDC

### A. Providing Support to Pregnant Mothers

Since the inception of the Lewiston’s FTDC in 2005, participants who are pregnant have benefited from the FTDC by giving birth to drug free babies while still in the program. Many studies exist that discuss prenatal exposure to drugs and its negative effect on future generations of babies and children.<sup>4</sup> As such, Lewiston FTDC’s drug court team has been very engrossed in this problem and follows pregnant FTDC participants very closely. This includes providing pre-natal care, observations, and private sessions with our case manager.

Lewiston’s FTDC has recorded at least 8 drug free births since the inception of the program in 2005. There is a qualification to the phrase “drug free.” Though there are cases where the parent is prescribed medication to treat substance abuse, such as Subutex, Campral, and other antagonist medications that block the effects of a drug, the effects these drugs have on the fetus compared to heroin, cocaine, tobacco, and alcohol are negligible.

<sup>3</sup> Hornby Zeller Associates, Inc. and students of Bates College have evaluated the Lewiston Family Treatment Drug Court. Past evaluations have primarily focused on what enables clients to succeed in the program and what has resulted in program dismissal. In 2007, Hornby Zeller Associates, Inc. evaluated the FTDC program and compared the program in Lewiston to similar Maine drug courts, while Ryan, Kern, Flatlow, and Naranja (2013) analyzed the Lewiston FTDC 2007-2012 raw data and came to conclusions about the program’s effectiveness. Both evaluations concluded that the Lewiston FTDC was a successful program overall.

<sup>4</sup> See Florence F. Roussotte et. al., *Abnormal Brain Activation During Working Memory in Children with Prenatal Exposure to Drugs of Abuse: The Effects of Methamphetamine, Alcohol, and Polydrug Exposure*, 54 *NEUROIMAGE* 2557, 3067-75 (2011); see also John M. Rogers, *Tobacco and Pregnancy*, 28 *REPRODUCTIVE TECH.* 117, 152-60 (2009).



## B. Addressing Collateral Issues

*Education:* The FTDC provides educational information sessions to participants on topics that would be beneficial to recovering addicts. This occurs one hour before the group meetings held twice a month. These sessions include speakers who discuss nutrition, affects of drugs, alcohol and tobacco on the fetus, and adult education opportunities for those who have not obtained their high school diplomas. There are plans to hold sessions on post secondary educational opportunities in the community utilizing speakers from community col-

leges and the University of Maine community campuses.

*Mental Health:* Untreated mental illness inhibits progressive behaviors towards success. It impedes the readiness to change behaviors, as mental illness often fogs life-affecting choices. It is well recognized that keeping successful clients in the program “[d]epends on mental health status... if you don’t identify [the mental health component], you’re not going to treat it, if you’re not going to treat it, then it [will] trigger relapse and affect quality of life.”<sup>5</sup> Thus, adding a detailed mental health assessment or introducing a mental health provider to the team may reduce some of the unclear behaviors and provide treatment that will increase positive behaviors. Though personality characteristics and compulsive thinking are common side effects of substance dependency, they are also components of some undiagnosed mental illnesses. Without meticulous knowledge of an individual’s mental health background, a client

may never be treated in a way that will reduce triggers, increase stability, and increase self-management.

## C. Holding Team Members Responsible

No FTDC program can be successful unless the individuals selected to be part of the team are highly motivated, conscientious and dedicated. The team is charged with monitoring the progress of each client. Lewiston’s FTDC meets weekly in a team session to discuss each client’s treatment plan and their prog-

## D. Utilizing Help from Local Universities

Lewiston’s FTDC program has associated itself with the local liberal arts college, Bates College located in Lewiston, Maine and the University of Maine School of Law located approximately forty miles away. These students provide invaluable support to the FTDC: they revise and review our procedures and policies; and act as case management aides to the presiding drug court judge; and volunteer as interns for school credit. It is highly recommended by these authors that all such drug court programs make a serious effort to collaborate with all local post secondary in-

<sup>5</sup> Interview with Hartwell Dowling, State Coordinator for Maine’s Family Treatment Drug Courts. Interview conducted by Aisling Ryan, October, 2013.



stitutions in the area. We found enthusiastic support by these institutions in our area.

### E. Identifying what Motivates Parents to Succeed

The motivation to live sober and care for children is potentially powerful enough for some parents to change their substance dependent habits. Other obstacles, such as, neurological effects of substance abuse, mental illness, environmental factors, and personality characteristics, impede the overarching goal of sobriety. Due to FTDC program opportunities, social support, and direct communication with DHHS, Family Treatment Drug Courts have a tendency to instigate intrinsic motivation in clients. The question of, *"why do I want to become sober"* is a challenging one that only arises when someone has accepted his or her need to change. Lewiston's FTDC focuses on

It is the judges who are responsible for the success or failure of any "problem solving" court. Judges who agree to take on this responsibility are to be commended for their efforts. Such judicial work can be tedious, demanding, and sometimes overwhelming due to the nature of the judicial approach or mode of "judging" that goes with the program. The concept and skill of "motivational interviewing," face to face confrontation with clients, the impositions of sanctions for non-compliance, the knowledge of treatment modes, the knowledge of available services within the community, and, of course, the full comprehension of legal and illegal drugs are only a few of the challenges that judges face in substance abuse programming.

intrinsic personal success, specifically through heavy social support during drug court meetings, consistent interaction, highly-monitored case management, and personal counseling sessions.

### F. Ensuring Support and Input from State Judicial Department

Without question, the cooperation and support of the Maine Judicial Department's Administrative Office of the Courts is a key stimulus for the success and continuation of the program. The Judicial Department approved and permitted judges at the drug court locations to preside over the court hearings and team meetings. Let us keep in mind that most family courts throughout the country are comparable to our Maine courts. These courts are constantly over burdened with high case-loads and understaffed Clerk Offices that are trying to sustain the demands.

## III. Challenges of Lewiston's FTDC

### A. Sustainability

Upon the expiration of any drug court grant, the challenge facing the existing program is enormous. The drug court grant, contributed by the United States Justice Department, expired at the end of 2007. Prior to expiration, those funds were used to fund a court clerk's position, a full time case manager, judge time, a state drug court coordinator position, testing devices, funds for rewards and miscellaneous wrap around services, treatment expenses, and funds for payment of the costs of the local hospital's substance abuse services.

### B. Team Communication

An in-touch network of case management, counseling, attorneys, DHHS caseworkers, and treatment providers avoids unnecessary client confusion and immediate program



feedback for the client. Excess frustration from the client derives from imbalanced outcomes from professionals. For example, case management may address a drug test failure, while a DHHS caseworker provides more child supervision time. Imbalanced outcomes without proper explanation lead to confusion and unclear feedback about what to change during treatment. Additionally, unclear team communication extends time between behavior and reward or sanction, raising challenges for the clients to understand the behaviors they need to change.

go. The costs may be prohibitive in some cases but it is certainly a worthy goal of substance abuse treatment policies by both state and federal governments.

The development and implementation of strategies to gain continued judicial support is critical. A sophisticated judiciary knowledgeable in the area of substance abuse is a must. Both the National Council of Juvenile and Family Court Judges and the National Council of Drug Court Professionals offer family drug court education as part of its educational programs. These programs focus on strategies needed

### C. Client Readiness to Change

Expecting sustainable sobriety, in addition to a changed life, within a year is extremely ambitious for most clients. For those who are not psychologically at a stage to change, success is impossible. Drug courts face the challenge of recognizing whether a client's mindset matches his or her behavior, such as recognizing when a client intends to use again after the program is successfully completed. This challenge, however, can be improved through appropriate rewards and sanctions, motivational interviewing, evidence-based treatment, and intense case management.

## IV. Future Direction

From the authors' perspectives and experiences, the placement of a parent and child in a structured and supervised residential setting is the ideal. Change of environment, sophisticated daily treatment, professional counseling, and parent education on the site is the way to

to implement a family treatment drug court.

Funding is always a critical issue among states. Maine has established a 501(c)(3) non-profit organization entitled the Maine Alliance for Drug Treatment Courts. Donors to such an organization can claim their donation as a charitable contribution under the Federal Internal Revenue Code. The organization's function, goals and, purpose is to seek grant funding aiming to support the State's existing drug courts, both family and adult criminal, and to promote public understanding of how addiction negatively impacts our communities. An excellent example of the success of such organizations is the Kalamazoo County Michigan Drug Treatment Court Foundation located in Kalamazoo, Michigan. The organization has provided much of the funding for the county's drug courts.

One problem encountered in applying for grants is the lack of understanding by certain state and national foundations regarding





the function and purpose of drug courts and similar non-profit organizations. Therefore, the need to educate the public and certain stakeholders is a very important goal for all drug court programs.

## V. Conclusion

Is a family drug court worth the time, costs and effort? Measuring the worth or value of such a program is difficult to determine. Do we look at costs, time, efforts, and contributions by people involved in the drug-free program? Certainly the value of saving six babies and more is certainly persuasive. Keeping a pregnant mother free from drug use during her pregnancy is in itself a large cost saving when considering the costs of treatment for an infant born drug affected. Some of these medical costs are tremendous, particularly if there are long term adverse affects on the fetus and after birth. In addition, reducing the time for reunification saves the cost of foster care and further treatment for the parents. Overall, reaching permanency and doing what is in the best interest of the child is the goal of all child dependency cases. Family Treatment Drug Courts seek to provide assistance to parents throughout this process.

## Acknowledgements

There are many individuals and organizations that have been most helpful in planning and implementing the FTDC and aiding the authors in writing this article. Most importantly is Lindsay Gannon, who was the first full time case manager for the Lewiston family drug court and eventually the State Drug Court Co-Coordinator from 2005-2012. Her constant attention, ideas for implementing changes, strong leadership, and being a substantial contributor to the Policy and Procedures manual was above and beyond the demands of the position. She is now President of the Maine Alliance For Drug Treatment Courts.

Also thank you to Bates College's Psychology department's co-operation in providing students to evaluate the FTDC in 2013. We thank Professor Amy Bradfield-Douglass, PhD, for spearheading

this evaluation and providing us with the students who completed the evaluation. Educational institutions, such as Bates College, are of great value to our courts and should be "tapped" more often. In addition, we thank the law students from the University of Maine School of Law who have contributed their time and effort to the FTDC program. The university has an excellent externship program that allows students to gain credit by interning at our District Courts.

To my co-author, Aisling Ryan, Bates 14, thanks for volunteering to work on this article with me. Aisling was one of the Bates students who evaluated the FTDC and continue on with further study helping the drug court team and writing her senior college thesis on the Lewiston FTDC.

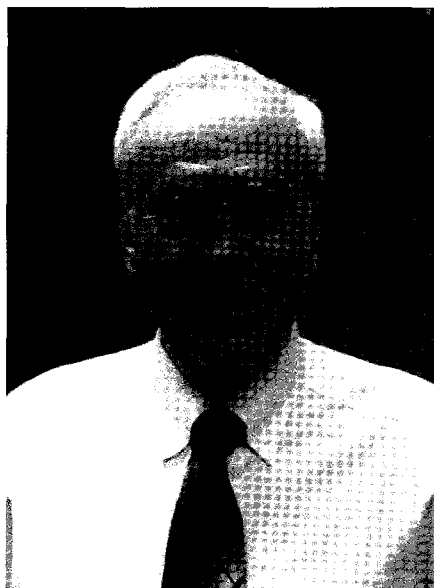
My colleagues, thanks for letting me persist in my passion for the FTDC, allowing me the time to preside over the FTDC, and work with the drug court team. To Danielle Danforth, LSAC; Nicole Garant, LSAC, and Aga Matusiak, LCSW – three wonderful clinicians who continue to provide the drug court with the expertise needed. Of course, also to Hannah Corbin, our case manager who at times spends more than the required hours working with our many clients and administering all the drug tests. In addition, to Erika Bristol, Esq. who as a parent's attorney and my former law clerk, has provided great insight in discussions involving our clientele at all team meetings. To the caseworkers at this district's Department of Human Services Child Protective Division who have been in attendance at all meetings and provided the necessary input concerning a client's progress through the child dependency process. I cite Kelly Mason and Laurel Sampson, DHHS caseworkers who never know when to stop.

Thanks to our Judicial Department, particularly the Family Division's present State Drug Court Co-Coordinator Hartwell Dowling, LCSW.

Finally, to Megan Petry, my former intern and Bates College graduate, for encouraging me to pursue writing this article. Megan was a vital part of the FTDC helping with the initial implementation of the FTDC here at the Lewiston Court.



## About the AUTHORS



**Judge John B. Beliveau** is a graduate of the University of Notre Dame, Bachelor's degree 1955. He received his Masters in Business Administration from New York University's Sterns School of Business 1962 and his J.D. degree from Georgetown University School of Law 1964.

Judge John B. Beliveau practiced law in a private firm in Lewiston, Maine until his appointment to the Maine District Court in September of 1984. Prior to his appointment to the Judiciary, he was elected and served as Mayor of Lewiston, Maine (1969-70). He also served as Androscoggin County Attorney from 1971-72. Judge Beliveau chaired the Maine CASA Advisory Committee from 1985-97, which implemented and organized the Judicial Department's Court Special Advocate's program. He was also a teacher/trainer of CASA volunteers. From 1995-1999, he chaired the Committee to Study the Role of the Courts in Protecting Children and was instrumental in drafting legislation amending the Maine Child Protection laws to comply with Federal mandates contained in the Adoption and Safe Families Act (1997).

In 2005, Judge Beliveau organized and implemented a Family Treatment Drug Court at the Lewiston District Court. A Federal grant was awarded to the court in 2004. FTDC's now exist in two other District Court locations in Maine. Judge Beliveau presided over the Lewiston FTDC and chaired the Family Treatment Drug Court Steering Committee. He is a member of the National Council of Juvenile and Family Court Judges and has served on some of the organization's committees since 1994, including the Permanency Planning Division's Advisory Committee. He is also a part of the National Association of Drug Court professionals (2005-present). Judge Beliveau is now Active Retired and works at the court part time.

Judge Beliveau is an avid lecturer on Family Treatment Drug Courts. He presented at the 2010 annual summer conference in Boston, Massachusetts; made several presentations to civic groups on child protection issues and the value of the Family Treatment Drug Courts; and provides presentations to professional mental health and substance abuse providers concerning the issue of parental addiction and its impact on the family.



**Aisling Ryan** graduated Bates College in Lewiston, Maine in 2014. She studied Psychology and minored in Music and Educational Studies. Aisling began researching the Family Treatment Drug Court with three other classmates in May 2013. In September, she continued with the FTDC for her thesis work, researching client motivation behind FTDC success. Aisling has continued her interests in community-based research as a Research Associate at Endpoint and Outcomes, LLC in Boston, Massachusetts.